

SOUTH CAROLINA BUDGET AND CONTROL BOARD

**HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996
PRIVACY REGULATIONS**

COMPLAINT FORM

INSTRUCTIONS:

Complete this form, or submit the information requested in any other written form, to:
South Carolina Budget and Control Board's Privacy Officer
1201 Main Street, Suite 850
Columbia, S.C. 29201

You will receive a written acknowledgement within 15 working days of the Privacy Officer's receipt of your complaint. You may also, or instead of contacting the Privacy Officer, file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS) at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaints to HHS must be filed within 180 days of the date on which you became aware, or should have been aware, of the violation. Questions concerning this process may be directed to the South Carolina Budget and Control Board's Privacy Officer by calling (803)737-0559.

Name: _____ ID Number: ____ / ____ / _____

Address: _____
(Street, P. O. Box)

(City, State, Zip Code)

Telephone Number: _____ Date: _____

If you are initiating a complaint concerning the violation of your privacy right related to health information about you, please state the reasons for your concerns and specifics about the alleged violations. If applicable, give names of employees involved, if known, and the location and dates of the alleged violations. Please provide as many details as possible. Use additional pages if necessary.

Please indicate the relief that you are seeking.

Signature: _____